U.S. Department of Homeland Security
Mt. Weather Emergency Oper. Center
Mt Weather VA 20135-2006

FEMA

20 November 2013

Dept. of Environmental Quality
Northern Virginia Regional Office
13901 Crown Court
Woodbridge, VA 22193-1453

Re: Registration of Nutrient Discharge

Dear Sir or Madame:

We are currently in design of a new Waste water treatment plant that will increase our design treatment from the current 90,000 gallons per day (VA0024759) to 180,000 gallons per day under a two tier permit of less than 90,000 and above 90,000. We currently discharge an average 45,000 gallons per day and do not plan to exceed the 90,000 tier for the foreseeable future. However due to the fact that the plant is being designed to handle up to 180,000 we have been asked to register into the system.

The proposed limits to be placed on us are less than 8.0 Total Nitrogen (TN) and less than 1.0 Total Phosphorus (TP) Due to the design of the plant and the proposed limits that we will be given we do not see any possibility of not meeting our treatment goals for the next five years. We anticipate a reduction in TN and TP in the future with the new waste water treatment plant which has a design goal of less than 3.0 TN and less than 0.3 TP.

Sincerely,

Peter D Mango
Supervisory Civil Engineering Technician

SN:tn

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: Mt. Weather Emergency Operations Center

Mailing Address: P.O. Box 129 Mt.Weather, Va. 22611-0129

Contact person: Peter D Mango

Title: Supervisory Engineering Tech

Telephone number: (540) 542-2368

Facility Address (not P.O. Box): 19844 Blue Ridge Mountain Rd. Mt. Weather Va. 20135-2006

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: Jerry Williams

Mailing Address: P.O. Box 129 Mt.Weather, Va. 22611-0129

Contact person: Jerry Williams

Title: Executive Director

Telephone number: (540) 542-2002

Is the applicant the owner or operator (or both) of the treatment works?

✓ owner ✓ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility ✓ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	VA0024759 & VAN010164 (nutrient GP)	PSD	other- UST Registration No 3022703
UIC	other - Air Reg No 90366	Other	VA0091464
RCRA	other - Waste EPA ID No. VAR000012609	Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Mt. Weather	Variable	Separate	Federal

Total population served _____

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 0.09/.18 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.042	0.044	0.040	mgd
c. Maximum daily flow rate	0.448	0.265	0.304	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer	100 %
_____ Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent	1
ii. Discharges of untreated or partially treated effluent	0
iii. Combined sewer overflow points	0
iv. Constructed emergency overflows (prior to the headworks)	0
v. Other NA	NA

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✓ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✓ No

	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10		
Flow (Avg)	44,534	30,524	96,558	48,979	37,492	35,162	38,350	41,424	39,601	36,704	32,743	25,662	Flow (Avg)	42,311 avg
Flow (max)	197,000	51,630	448,000	106,180	65,070	58,440	65,490	83,600	171,470	66,840	59,300	109,460	Flow (max)	448000 max

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11			
Flow (Avg)	24,919	26,406	64,312	79,903	58,827	42,402	43,004	43,741	41,863	34,185	34,714	40,634	Flow (Avg)	44,576 avg	
Flow (max)	67,550	40,730	265,060	222,090	124,260	176,120	75,640	69,950	60,700	81,100	66,800	115,720	Flow (max)	265060 max	3yr avg
															AVG
	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12			42243.86
Flow (Avg)	34,785	32,500	38,999	35,777	57,751	39,695	43,650	37,880	34,190	47,162	42,712	33,035	Flow (Avg)	39,845 avg	
Flow (max)	75,060	69,600	66,720	100,880	129,460	74,500	84,730	82,510	112,890	303,750	91,020	65,670	Flow (max)	303750 max	

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name:

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name:

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility. mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? Yes ✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method continuous or intermittent?

FACILITY NAME AND PERMIT NUMBER:
Mt. Weather Emergency Operations Center; VA0024759

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number: 001

b. Location: Bluemont (City or town, if applicable); 20135 (Zip Code)
Loudoun (County); Va. (State)
39° 03' 32" (Latitude); -77° 52' 53" (Longitude)

c. Distance from shore (if applicable): NA ft.

d. Depth below surface (if applicable): NA ft.

e. Average daily flow rate: 0.042 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ____ Yes ✓ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: NA

Average duration of each discharge: NA

Average flow per discharge: NA mgd

Months in which discharge occurs: NA

g. Is outfall equipped with a diffuser? ____ Yes ✓ No

A.10. Description of Receiving Waters.

a. Name of receiving water: Jefferies Branch, UT

b. Name of watershed (if known): Potomac River

United States Soil Conservation Service 14-digit watershed code (if known): ____

c. Name of State Management/River Basin (if known): Middle Potomac River

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 0207008

d. Critical low flow of receiving stream (if applicable):
acute NA cfs, chronic NA cfs

e. Total hardness of receiving stream at critical low flow (if applicable): NA mg/l of $CaCO_3$

Page 6 Explanation
Item A.11 Efficiencies based on data used in report (item A.12).
Item A.12 Data derived from 3 days during current permit cycle hence flow average varies from reported in item A.6

	Effluent pH	Flow GPD
12-Jan-2010	7.6	23180
11-Jan-2011	7.8	21360
10-Jan-2012	7.9	31000
Min	7.6	
Max	7.9	31000
Avg		25180

	weeklyBOD			
	Inf mg/L	Eff mg/L	Kg/D	Efficiency
12-Jan-2010	288	1.1	0.10	99.62%
11-Jan-2011	370	1.6	0.13	99.57%
10-Jan-2012	281	2.6	0.30	99.07%
Max		2.6		
Avg		1.8		99.42%

	WeeklyTSS			
	Inf mg/L	Eff mg/L	Kg/D	Efficiency
12-Jan-2010	151	0.9	0.17	99.40%
11-Jan-2011	185.7	2.8	0.50	98.49%
10-Jan-2012	20	4.1	1.06	79.50%
Max		4.1		
Avg		2.6		92.47%

	WeeklyNH3			
	Inf mg/L	Eff mg/L	Kg/D	Efficiency
12-Jan-2010	25	0.03	0.01	99.88 %
11-Jan-2011	36	0.084	0.01	99.77 %
10-Jan-2012	37	0.03	0.01	99.92 %
Max		0.084		
Avg		0.05		99.86 %

	Fecal Coliform
4-Jan-2010	2
3-Jan-2011	7.5
3-Jan-2012	12.4
Max	12.4
Avg	7.3

	Raw (Stream) Temp
12-Jan-2010	14
11-Jan-2011	14
10-Jan-2012	12
Max	14
Avg	13.3

	Raw (Stream) Temp
13-Jul-10	20
12-Jul-11	21
10-Jul-12	21
	21
	20.7

FACILITY NAME AND PERMIT NUMBER:
Mt. Weather Emergency Operations Center; VA0024759

Form Approved 1/14/99
OMB Number 2040-0086

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

✓ Primary ✓ Secondary

____ Advanced ____ Other. Describe: ____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	See attached	%
Design SS removal	See attached	%
Design P removal	NA	%
Design N removal	NA	%
Other NH3-N	See attached	%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorine gas followed by dechlorination with Sulfur Dioxide gas

If disinfection is by chlorination, is dechlorination used for this outfall? ✓ Yes ____ No

d. Does the treatment plant have post aeration? ✓ Yes ____ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.6	s.u.			
pH (Maximum)	7.9	s.u.			
Flow Rate	.031	mgd	.025	mgd	3
Temperature (Winter)	14	C	13	C	3
Temperature (Summer)	21	C	21	C	3

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	2.6	mg/L	1.8	mg/L	3	SM20 2540D	5.0 mg/L
	CBOD-5							
FECAL COLIFORM		12.4	mpn	7.3	mpn	3	Colilert	2n per 100 mL
TOTAL SUSPENDED SOLIDS (TSS)		4.1	mg/L	2.6	mg/L	3	SM20 5210B	1.0 mg/L

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

4000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Planning to reline the collection system on the east side of the facility a part of plant upgrade.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ✓ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

001 - Plant in design phase, to be built in this permit cycle

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ✓ No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

	Schedule	Actual Completion
Implementation Stage	MM / DD / YYYY	MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN	Please see	attached	sheet				
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

Part B
Question B.6.

	WeeklyNH3			
	Inf mg/L	Eff mg/L	Kg/D	Efficiency
12-Jan-2010	25	0.03	0.01	99.88 %
11-Jan-2011	36	0.084	0.01	99.77 %
10-Jan-2012	37	0.03	0.01	99.92 %
Max		0.084		
Avg		0.05		99.86 %

	Effluent TRC	# of Samples	Effluent DO	# of Samples
1/12/2010	0	3	9.2	1
1/11/2011	0	3	9.5	1
1/10/2012	0	1	8.8	1
Max	0		9.5	
Avg	0		9.17	

TPH Samples tested by sub for Greenway Engineering as substitute for Oil and Grease

1/4/2010	Non Detect
1/3/2011	0.52
1/3/2012	<0.5

The following will be provided with in 90 day of issuance of Cert. to Operate
Total Kjeldahl Nitrogen (TKN)
Nitrate plus Nitrite Nitrogen
Phosphorus (total)
Total Dissolved Solids (TDS)

FACILITY NAME AND PERMIT NUMBER:
Mt. Weather Emergency Operations Center; VA0024759

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Jerry Williams, Executive Administrator

Signature: Jerry Williams

Telephone number: (540) 542-2002

Date signed: 11/26/2013

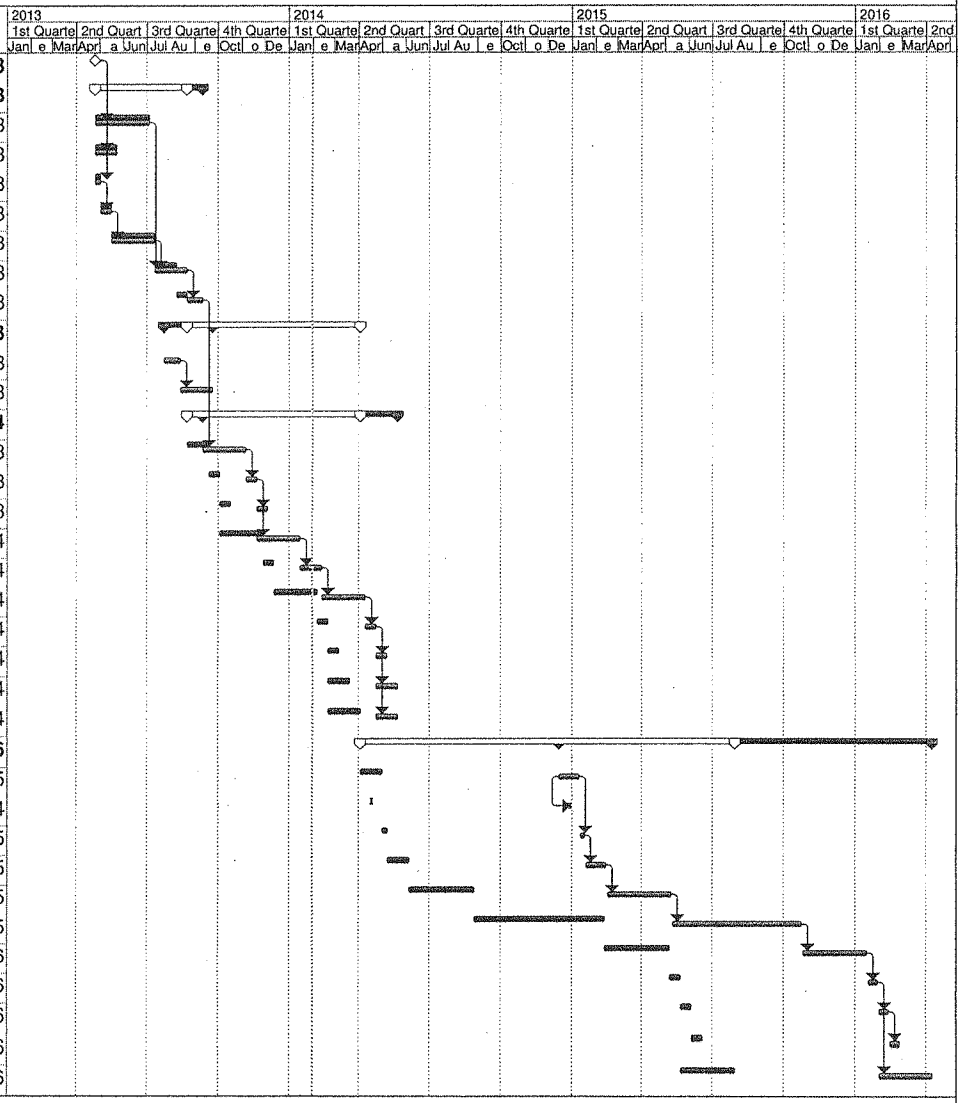
Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Rick
1/30/14

Wastewater Treatment Plant Upgrade Preliminary Project Schedule
Mount Weather Emergency Operations Center
U.S. Department of Homeland Security
Contract Modification #3
01-30-2014

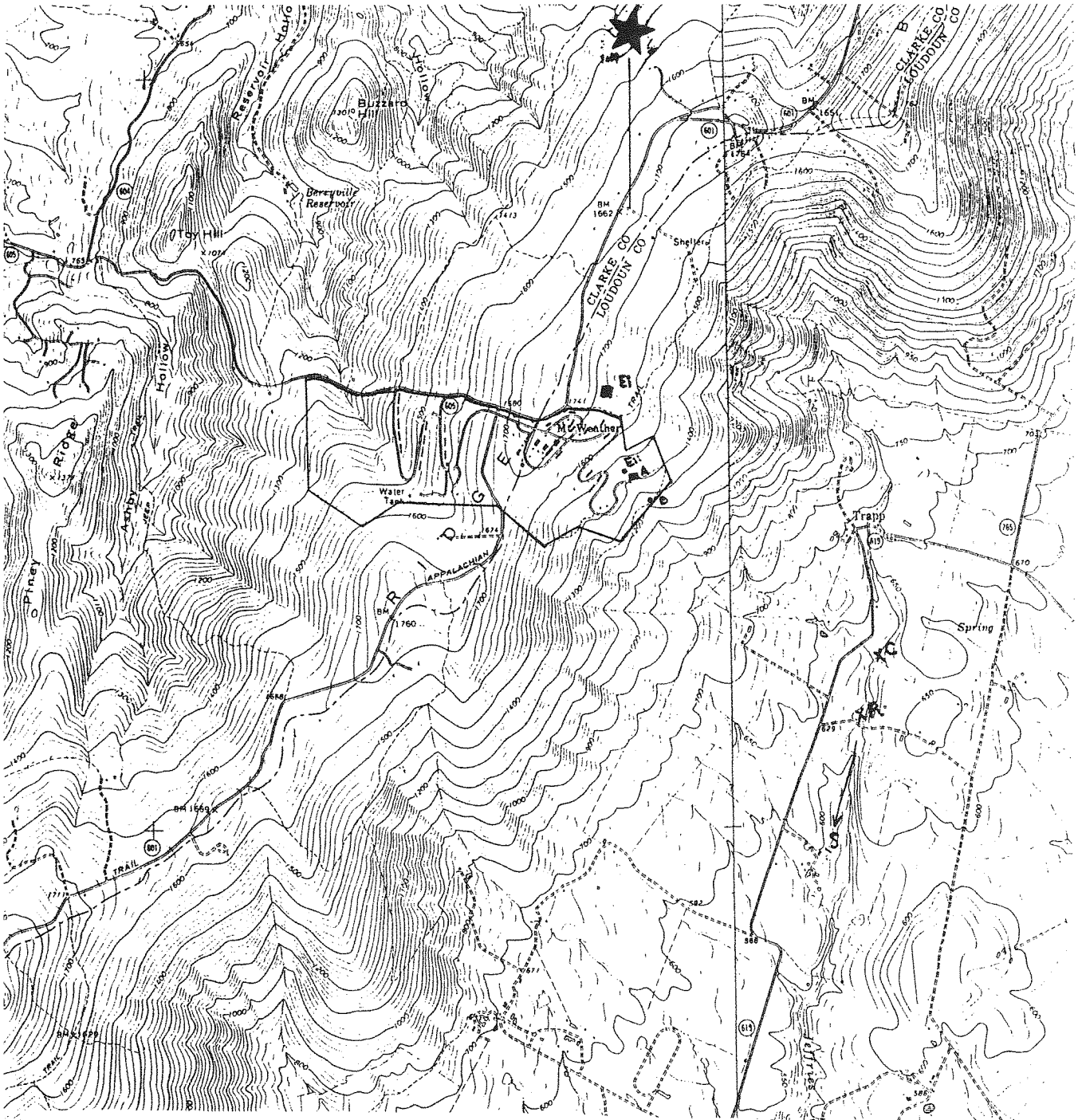
ID	Task Name	Duration	Start	Finish
1	**Kick-Off Meeting**	**0 days**	**Thu 4/25/13**	**Thu 4/25/13**
2	**Preliminary Engineering**	**99 days**	**Thu 4/25/13**	**Tue 9/10/13**
3	Infiltration and Inflow Study	10 wks	Thu 4/25/13	Wed 7/3/13
4	Site Survey	4 wks	Thu 4/25/13	Wed 5/22/13
5	Collect Client Data	1 wk	Thu 4/25/13	Wed 5/1/13
6	Treatment Process Evaluation	2 wks	Thu 5/2/13	Wed 5/15/13
7	Major Process Equipment Pre-Selection	8 wks	Thu 5/16/13	Wed 7/10/13
8	Preliminary Engineering Report Draft	6 wks	Thu 7/11/13	Wed 8/21/13
9	PER Review Meeting	14 days	Thu 8/22/13	Tue 9/10/13
10	**East Side Collection System Repairs Design**	**45 days**	**Tue 7/23/13**	**Mon 9/23/13**
11	Concept Design Submission	3 wks	Tue 7/23/13	Mon 8/12/13
12	Final Design Package	6 wks	Tue 8/13/13	Mon 9/23/13
13	**Final Design**	**180 days**	**Wed 9/11/13**	**Tue 5/20/14**
14	30% Design Package & Finalize PER	8 wks	Wed 9/11/13	Tue 11/5/13
15	30% Design Review Meeting	2 wks	Wed 11/6/13	Tue 11/19/13
16	Draft NPDES Permit Application	2 wks	Wed 11/20/13	Tue 12/3/13
17	60% Design Package	8 wks	Wed 11/20/13	Tue 1/14/14
18	60% Design Review Meeting	4 wks	Wed 1/15/14	Tue 2/11/14
19	90% Design Package	8 wks	Wed 2/12/14	Tue 4/8/14
20	90% Design Review Meeting	2 wks	Wed 4/9/14	Tue 4/22/14
21	Engineer's Cost Estimate	2 wks	Wed 4/23/14	Tue 5/6/14
22	VDEQ Certificate to Construct	4 wks	Wed 4/23/14	Tue 5/20/14
23	Bid Documents	4 wks	Wed 4/23/14	Tue 5/20/14
24	**Construction Phase**	**345 days**	**Mon 12/15/14**	**Fri 4/8/16**
25	Advertise for Bids	4 wks	Mon 12/15/14	Fri 1/9/15
26	Pre-Bid Meeting	1 day	Mon 12/29/14	Mon 12/29/14
27	Bid Evaluation	1 wk	Mon 1/12/15	Fri 1/16/15
28	Contract Award	4 wks	Mon 1/19/15	Fri 2/13/15
29	Shop Drawings	12 wks	Mon 2/16/15	Fri 5/8/15
30	Phase 1 Construction	6 mons	Mon 5/11/15	Fri 10/23/15
31	Phase 2 Construction	3 mons	Mon 10/26/15	Fri 1/15/16
32	Start Up	2 wks	Mon 1/18/16	Fri 1/29/16
33	Final Inspection	2 wks	Mon 2/1/16	Fri 2/12/16
34	Certificate to Operate	2 wks	Mon 2/15/16	Fri 2/26/16
35	Demolition & Phase 3 Construction	10 wks	Mon 2/1/16	Fri 4/8/16



The design phase of this project continues to proceed on schedule and currently is approaching 65% completion.

The construction phase however has been delayed due to funding for approximately one year. It is estimated that funding will be in place for mid-2015 with completion about one year later.

FEMA with keep DEQ up to date as the situation becomes clearer.



2. LOCATION

A = Treatment Plant = 77 degrees 52' 55" West 39 degrees 3' 39" North
B = Discharge Point
C = Receiving Water
D = Outlined on Map
Ei = Nearest Residence = 1700'
Eii = Nearest Distribution Line for Potable Water = 0'
Eiii = Reservoir, Well or Other Source of Water Supply = N/A
Eiv = Recreational Area = N/A

Fi= Down Stream Community = > 15 miles N/A
Fii = Up Stream and Down Stream Intake Point = N/A
Fiii = Shell Fishing Waters = N/A
Fiv = Wetland Area = N/A
Fv = Downstream Impoundment = 6,600'
Fvi = Downstream Recreation Area = N/A

Part B
Question B.6.

	WeeklyNH3			
	Inf mg/L	Eff mg/L	Kg/D	Efficiency
12-Jan-2010	25	0.03	0.01	99.88 %
11-Jan-2011	36	0.084	0.01	99.77 %
10-Jan-2012	37	0.03	0.01	99.92 %
Max		0.084		
Avg		0.05		99.86 %

	Effluent TRC	# of Samples	Effluent DO	# of Samples
1/12/2010	0	3	9.2	1
1/11/2011	0	3	9.5	1
1/10/2012	0	1	8.8	1
Max	0		9.5	
Avg	0		9.17	

TPH Samples tested by sub for Greenway Engineering as substitute for Oil and Grease

1/4/2010	Non Detect
1/3/2011	0.52
1/3/2012	<0.5

The following will be provided with in 90 day of issuance of Cert. to Operate
Total Kjeldahl Nitrogen (TKN)
Nitrate plus Nitrite Nitrogen
Phosphorus (total)
Total Dissolved Solids (TDS)

New Plant Design Efficiencies

Influent Wastewater Characteristics:					
Unit		Tier 1		Tier 2	
Flow	=	90,000 gpd		180,000 gpd	
CBOD5	=	175 mg/l		200 mg/l	
TSS	=	140 mg/l		175 mg/l	
TN	=	40 mg/l		60 mg/l	
TP	=	8 mg/l		10 mg/l	
Effluent Wastewater Characteristics:					
Unit		Tier 1	Efficiency %	Tier 2	Efficiency %
Flow	=	90,000 gpd		180,000 gpd	
CBOD5	=	< 10.0 mg/l	94.30%	< 10.0 mg/l	95.00%
TSS	=	< 5.0 mg/l	96.40%	< 5.0 mg/l	97.10%
TN	=	< 8.0 mg/l	80.00%	< 3.0 mg/l	95.00%
TP	=	< 1.0 mg/l	87.50%	< 0.3 mg/l	97.00%

PROCESS FLOW DIAGRAM

OFFICIAL USE ONLY
RETURN REQUIRED
DO NOT FORWARD

30% REVIEW - NOT FOR CONSTRUCTION

MWEOC #: EPS-XXXX

Scale:	N.T.S.
Project:	WWM-1225
Original:	11-08-2015
Remark:	
Sheet:	WW-M-01

ENGINEER	Waste Water Management, Inc. 2820 Dorr Avenue, Suite 200 Fairfax, VA 22031 (703) 846-0098
OWNER	Mount Weather EOC Mt. Weather Virginia 20135 540-542-2158
PROJECT	Mount Weather EOC WASTE WATER TREATMENT PLANT UPGRADE

FACILITY NAME: Mt. Weather Emergency Operations Center VPDES PERMIT NUMBER: VA0024759

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? _X_ Yes ___ No

   Will this facility derive a material from sewage sludge? ___ Yes _X_ No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? ___ Yes _X_ No

   Will sewage sludge from this facility be applied to the land? ___ Yes _X_ No

   If you answered No to both questions above, skip Section C.

   If you answered Yes to either, answer the following three questions:

   a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
   ___ Yes ___ No

   b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ___ Yes ___ No

   c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ___ Yes ___ No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ___ Yes _X_ No

   If Yes, complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: Mount Weather Emergency Operations Center
   b. Contact person: Peter D Mango
      Title: Supervisory Engineering Tech
      Phone: (540) 542 2497
   c. Mailing address:
      Street or P.O. Box: P.O. Box 129
      City or Town: Mount Weather State: Va. Zip: 22611-0129
   d. Facility location:
      Street or Route #: 19844 Blue Ridge Mountain Rd.
      County: Loudoun
      City or Town: Bluemont State: Va. Zip:20135-2006
   e. Is this facility a Class I sludge management facility? ___Yes _X_No
   f. Facility design flow rate: 0.09 mgd with an expansion to 0.18 mgd
   g. Total population served: Variable
   h. Indicate the type of facility:
      ___ Publicly owned treatment works (POTW)
      ___ Privately owned treatment works
      _X_ Federally owned treatment works
      ___ Blending or treatment operation
      ___ Surface disposal site
      ___ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following:
   a. Applicant name:
   b. Mailing address:
      Street or P.O. Box:
      City or Town: _____ State: _____ Zip:
   c. Contact person:
      Title:
      Phone: ( )
   d. Is the applicant the owner or operator (or both) of this facility?
      _____owner _____ operator
   e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
      _____ facility _____ applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable):VA0024759
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:
VA0091464	Storm water
_____	

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ___Yes _X_No If yes, describe:

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction. *See Addendum Sheet*

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? __Yes __No
   If yes, provide the following for each contractor (attach additional pages if necessary).
   Name:
   Mailing address:
   Street or P.O. Box:
   City or Town: _____ State: _____ Zip:
   Phone: ( )
   Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

   If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old. *See Addendum Sheet*

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

   X Section A (General Information)
   X Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
   N/A Section C (Land Application of Bulk Sewage Sludge)
   N/A Section D (Surface Disposal)

Pace Analytical®
www.pacelabs.com

Pace Analytical Services, Inc.
205 East Meadow Road - Suite A
Eden, NC 27288
(336)623-8921

Pace Analytical Services, Inc.
2225 Riverside Dr.
Asheville, NC 28804
(828)254-7176

Pace Analytical Services, Inc.
9800 Kincey Ave. Suite 100
Huntersville, NC 28078
(704)875-9092

ANALYTICAL RESULTS

Project: FEMA TCLP Sludge 052113
Pace Project No.: 92159347

Sample: 1305221039 **Lab ID: 92159347001** Collected: 05/21/13 07:09 Received: 05/24/13 15:00 Matrix: Solid

Results reported on a "dry-weight" basis

Parameters	Results	Units	Report Limit	MDL	DF	Prepared	Analyzed	CAS No.	Qual
8081 GCS Pesticides, TCLP	Analytical Method: EPA 8081 Preparation Method: EPA 3510								
	Leachate Method/Date: EPA 1311; 06/01/13 11:00								
gamma-BHC (Lindane)	ND	ug/L	2.5	2.5	5	06/04/13 07:20	06/05/13 19:28	58-89-9	
Chlordane (Technical)	ND	ug/L	15.0	15.0	5	06/04/13 07:20	06/05/13 19:28	57-74-9	
Endrin	ND	ug/L	2.5	2.5	5	06/04/13 07:20	06/05/13 19:28	72-20-8	
Heptachlor epoxide	ND	ug/L	2.5	2.5	5	06/04/13 07:20	06/05/13 19:28	1024-57-3	
Methoxychlor	ND	ug/L	5000	5000	5	06/04/13 07:20	06/05/13 19:28	72-43-5	
Toxaphene	ND	ug/L	15.0	15.0	5	06/04/13 07:20	06/05/13 19:28	8001-35-2	
Surrogates									
Decachlorobiphenyl (S)	0	%	10-138		5	06/04/13 07:20	06/05/13 19:28	2051-24-3	D3,S4
Tetrachloro-m-xylene (S)	0	%	10-110		5	06/04/13 07:20	06/05/13 19:28	877-09-8	
8151 Chlorinate Herbicide TCLP	Analytical Method: EPA 8151 Preparation Method: EPA 3510								
2,4-D	ND	mg/L	0.010	0.0050	1	06/04/13 08:00	06/05/13 01:07	94-75-7	
2,4,5-TP (Silvex)	ND	mg/L	0.010	0.0050	1	06/04/13 08:00	06/05/13 01:07	93-72-1	
Surrogates									
2,4-DCAA (S)	116	%	70-130		1	06/04/13 08:00	06/05/13 01:07	19719-28-9	
6010 MET ICP, TCLP	Analytical Method: EPA 6010 Preparation Method: EPA 3010								
	Leachate Method/Date: EPA 1311; 06/05/13 23:05								
Arsenic	ND	mg/L	0.050	0.014	1	06/06/13 17:30	06/07/13 15:38	7440-38-2	
Barium	**0.51**	mg/L	0.25	0.0050	1	06/06/13 17:30	06/07/13 15:38	7440-39-3	
Cadmium	ND	mg/L	0.0050	0.0025	1	06/06/13 17:30	06/07/13 15:38	7440-43-9	
Chromium	**0.030**	mg/L	0.025	0.0020	1	06/06/13 17:30	06/07/13 15:38	7440-47-3	
Lead	ND	mg/L	0.025	0.020	1	06/06/13 17:30	06/07/13 15:38	7439-92-1	
Selenium	**0.023J**	mg/L	0.10	0.019	1	06/06/13 17:30	06/07/13 15:38	7782-49-2	
Silver	**0.0031J**	mg/L	0.025	0.00050	1	06/06/13 17:30	06/07/13 15:38	7440-22-4	
7470 Mercury, TCLP	Analytical Method: EPA 7470 Preparation Method: EPA 7470								
	Leachate Method/Date: EPA 1311; 06/05/13 23:05								
Mercury	**1.2**	ug/L	0.20	0.090	1	06/06/13 18:25	06/07/13 13:58	7439-97-6	
8270 MSSV TCLP Sep Funnel	Analytical Method: EPA 8270 Preparation Method: EPA 3510								
	Leachate Method/Date: EPA 1311; 06/01/13 11:00								
1,4-Dichlorobenzene	ND	ug/L	50.0	50.0	1	06/06/13 09:00	06/07/13 13:17	106-46-7	
2,4-Dinitrotoluene	ND	ug/L	50.0	50.0	1	06/06/13 09:00	06/07/13 13:17	121-14-2	
Hexachloro-1,3-butadiene	ND	ug/L	50.0	50.0	1	06/06/13 09:00	06/07/13 13:17	87-68-3	
Hexachlorobenzene	ND	ug/L	50.0	50.0	1	06/06/13 09:00	06/07/13 13:17	118-74-1	
Hexachloroethane	ND	ug/L	50.0	50.0	1	06/06/13 09:00	06/07/13 13:17	67-72-1	
2-Methylphenol(o-Cresol)	ND	ug/L	50.0	50.0	1	06/06/13 09:00	06/07/13 13:17	95-48-7	
3&4-Methylphenol(m&p Cresol)	**183**	ug/L	50.0	50.0	1	06/06/13 09:00	06/07/13 13:17		
Nitrobenzene	ND	ug/L	50.0	50.0	1	06/06/13 09:00	06/07/13 13:17	98-95-3	
Pentachlorophenol	ND	ug/L	100	100	1	06/06/13 09:00	06/07/13 13:17	87-86-5	
Pyridine	ND	ug/L	50.0	50.0	1	06/06/13 09:00	06/07/13 13:17	110-86-1	
2,4,5-Trichlorophenol	ND	ug/L	50.0	50.0	1	06/06/13 09:00	06/07/13 13:17	95-95-4	

REPORT OF LABORATORY ANALYSIS

Pace Analytical®
www.pacelabs.com

Pace Analytical Services, Inc.
205 East Meadow Road - Suite A
Eden, NC 27288
(336)623-8921

Pace Analytical Services, Inc.
2225 Riverside Dr.
Asheville, NC 28804
(828)254-7176

Pace Analytical Services, Inc.
9800 Kincey Ave. Suite 100
Huntersville, NC 28078
(704)875-9092

ANALYTICAL RESULTS

Project: FEMA TCLP Sludge 052113
Pace Project No.: 92159347

Sample: 1305221039 **Lab ID: 92159347001** Collected: 05/21/13 07:09 Received: 05/24/13 15:00 Matrix: Solid

Results reported on a "dry-weight" basis

Parameters	Results	Units	Report Limit	MDL	DF	Prepared	Analyzed	CAS No.	Qual
8270 MSSV TCLP Sep Funnel	Analytical Method: EPA 8270 Preparation Method: EPA 3510								
	Leachate Method/Date: EPA 1311; 06/01/13 11:00								
2,4,6-Trichlorophenol	ND	ug/L	50.0	50.0	1	06/06/13 09:00	06/07/13 13:17	88-06-2	
Surrogates									
Nitrobenzene-d5 (S)	29	%	12-102		1	06/06/13 09:00	06/07/13 13:17	4165-60-0	
2-Fluorobiphenyl (S)	37	%	13-107		1	06/06/13 09:00	06/07/13 13:17	321-60-8	
Terphenyl-d14 (S)	47	%	21-132		1	06/06/13 09:00	06/07/13 13:17	1718-51-0	
Phenol-d6 (S)	20	%	10-110		1	06/06/13 09:00	06/07/13 13:17	13127-88-3	
2-Fluorophenol (S)	21	%	10-110		1	06/06/13 09:00	06/07/13 13:17	367-12-4	
2,4,6-Tribromophenol (S)	54	%	27-108		1	06/06/13 09:00	06/07/13 13:17	118-79-6	
8260 MSV TCLP	Analytical Method: EPA 8260								
Benzene	ND	ug/L	192	46.2	38.5		06/01/13 04:14	71-43-2	
2-Butanone (MEK)	ND	ug/L	385	108	38.5		06/01/13 04:14	78-93-3	
Carbon tetrachloride	ND	ug/L	192	104	38.5		06/01/13 04:14	56-23-5	
Chlorobenzene	ND	ug/L	192	38.5	38.5		06/01/13 04:14	108-90-7	
Chloroform	ND	ug/L	192	77.0	38.5		06/01/13 04:14	67-66-3	
1,4-Dichlorobenzene	ND	ug/L	192	46.2	38.5		06/01/13 04:14	106-46-7	
1,2-Dichloroethane	ND	ug/L	192	50.0	38.5		06/01/13 04:14	107-06-2	
1,1-Dichloroethene	ND	ug/L	192	131	38.5		06/01/13 04:14	75-35-4	
Tetrachloroethene	ND	ug/L	192	73.2	38.5		06/01/13 04:14	127-18-4	
Trichloroethene	ND	ug/L	192	38.5	38.5		06/01/13 04:14	79-01-6	
Vinyl chloride	ND	ug/L	192	73.2	38.5		06/01/13 04:14	75-01-4	
Surrogates									
1,2-Dichloroethane-d4 (S)	120	%	70-130		38.5		06/01/13 04:14	17060-07-0	1g
Toluene-d8 (S)	96	%	67-135		38.5		06/01/13 04:14	2037-26-5	
4-Bromofluorobenzene (S)	98	%	70-130		38.5		06/01/13 04:14	460-00-4	
Dibromofluoromethane (S)	92	%	70-130		38.5		06/01/13 04:14	1868-53-7	
Percent Moisture	Analytical Method: ASTM D2974-87								
Percent Moisture	**34.6**	%	0.10	0.10	1		05/28/13 15:00		
2540G Total Percent Solids	Analytical Method: SM 2540G								
Total Solids	**65.4**	%	0.000010		1		05/28/13 08:38		

REPORT OF LABORATORY ANALYSIS

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Jerry Williams, Executive Director

Signature Jerry Williams Date Signed 11/26/13

Telephone number 540 542 2002

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

FACILITY NAME: Mt. Weather Emergency Operations Center VPDES PERMIT NUMBER: VA0024759

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
   Total dry metric tons per 365-day period generated at your facility: 4 dry metric tons

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
   a. Facility name:
   b. Contact Person:
      Title:
      Phone ( )
   c. Mailing address:
      Street or P.O. Box:
      City or Town:_____ State:_____ Zip:
   d. Facility Address:
      (not P.O. Box)
   e. Total dry metric tons per 365-day period received from this facility:_____ dry metric tons
   f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

3. Treatment Provided at Your Facility.
   a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
      ___Class A _X_Class B ___Neither or unknown
   b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:
   c. Which vector attraction reduction option is met for the sewage sludge at your facility?
      ___ Option 1 (Minimum 38 percent reduction in volatile solids)
      _X_ Option 2 (Anaerobic process, with bench-scale demonstration)
      ___ Option 3 (Aerobic process, with bench-scale demonstration)
      ___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
      ___ Option 5 (Aerobic processes plus raised temperature)
      ___ Option 6 (Raise pH to 12 and retain at 11.5)
      ___ Option 7 (75 percent solids with no unstabilized solids)
      ___ Option 8 (90 percent solids with unstabilized solids)
      ___ None or unknown
   d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:
   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above:

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).
   (If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
   a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land: dry metric tons
   b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?
      __Yes __No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.
   (Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this

question if sewage sludge is covered in Question 4.)

a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:_____ dry metric tons

b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

a. Receiving facility name:

b. Facility contact:
Title:
Phone: ( )

c. Mailing address:
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:
dry metric tons

e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:
Permit Number: Type of Permit:
_____
_____

f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? ___Yes ___No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
___Class A ___Class B ___Neither or unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:

g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? ___Yes ___No
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
___ Option 1 (Minimum 38 percent reduction in volatile solids)
___ Option 2 (Anaerobic process, with bench-scale demonstration)
___ Option 3 (Aerobic process, with bench-scale demonstration)
___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
___ Option 5 (Aerobic processes plus raised temperature)
___ Option 6 (Raise pH to 12 and retain at 11.5)
___ Option 7 (75 percent solids with no unstabilized solids)
___ Option 8 (90 percent solids with unstabilized solids)
___ None unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge:

h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
___Yes ___No
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

j Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ___Yes ___No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ___ Yes ___ No. If no, provide description and specification on the vehicle used to

transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported.

7. Land Application of Bulk Sewage Sludge.
(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:_____dry metric tons

b. Do you identify all land application sites in Section C of this application? ___Yes ___No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

c. Are any land application sites located in States other than Virginia? ___Yes ___No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal.
(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
___Yes ___No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number:

d. Contact person:
Title:
Phone: ( )
Contact is: ___Site Owner ___Site operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number:	Type of Permit:

9. Incineration.
(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
___Yes ___No
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number:

d. Contact person:
Title:
Phone: ( )

Data for 10 e.

Date	Dry Weight(tons)			
5/10/2010	0.75		Tons	metric Tons
7/1/2010	0.89			
8/5/2010	1.17			
9/16/2010	0.64	2010	3.45	3.13
6/29/2011	1.58			
8/3/2011	1.03			
12/14/2011	0.5	2011	3.11	2.82
6/7/2012	3.45			
7/23/2012	1.78			
8/16/2012	1.11			
9/17/2012	0.45	2012	6.79	6.16
total	13.35			Avg Yearly Total
avg	1.21	yr avg	4.45	4.04

Contact is: ___Incinerator Owner ___Incinerator Operator

e. Mailing address.
Street or P.O. Box:
City or Town:_____ State:_____ Zip:

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:

Permit Number:	Type of Permit:
_____	
_____	

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name: Frederick County Landfill

b. Contact person: Ron Kimble
Title: Environmental Technician
Phone: (540) 665-5858
Contact is: ___Landfill Owner _X_Landfill Operator

c. Mailing address.
Street or P.O. Box: 107 N Kent St
City or Town: Winchester State: Va. Zip:22601-5000

d. Landfill location.
Street or Route #: 280 Landfill Rd
County: Frederick
City or Town: Winchester State: Va. Zip: 22602

e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: 4.0 dry metric tons

f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:

Permit Number:	Type of Permit:
VA0088471	VPDES
SWP529	DEQ

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill? _X_Yes ___No

h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? _X_Yes ___No

i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? __X_ Yes ___ No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. Route is south on Rte 601 from site to Rte 50 west, then north on Rte.655 to Rte 719 where land fill is located. Time of Day is between 1300 and 1600 hrs.

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Mount Weather Emergency Operations Center

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes ☐ No ☒

3. **Provide the tax map parcel number for the land where the discharge is located.** 677385614

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 2

5. **What is the design average effluent flow of this facility?** 0.09/0.180 MGD

For industrial facilities, provide the max. 30-day average production level, include units:

N/A

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☒ No ☐

If "Yes", please identify the other flow tiers (in MGD) or production levels:

Tier 1 to 0.09 MGD, Tier 2 to 0.18 MGD

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**

Domestic Wastewater

100 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: _____

____ % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

_____

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

X Permanent stream, never dry

____ Intermittent stream, usually flowing, sometimes dry

____ Ephemeral stream, wet-weather flow, often dry

____ Effluent-dependent stream, usually or always dry without effluent flow

____ Lake or pond at or below the discharge point

____ Other: _____

9. **Approval Date(s):**

O & M Manual 03-31-2012 **Sludge/Solids Management Plan** July 17,1998

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☒